

## **IC 27-8-22.1**

### **Chapter 22.1. Claims**

## **IC 27-8-22.1-1**

### **"Accident and sickness insurance policy" defined**

Sec. 1. As used in this chapter, "accident and sickness insurance policy" means an insurance policy that provides at least one (1) of the types of insurance described in IC 27-1-5-1, Classes 1(b), 2(a), 2(b), 2(e), 2(f), and 2(h).

*As added by P.L.161-2001, SEC.4.*

## **IC 27-8-22.1-2**

### **"Insurer" defined**

Sec. 2. As used in this chapter, "insurer" means:

- (1) an insurer that issues:
  - (A) an accident and sickness insurance policy; or
  - (B) a worker's compensation policy; or
- (2) an employer who has received a certificate from the worker's compensation board to carry the employer's worker's compensation risk without insurance under IC 22-3-2-5.

*As added by P.L.161-2001, SEC.4.*

## **IC 27-8-22.1-3**

### **"Provider" defined**

Sec. 3. As used in this chapter, "provider" has the meaning set forth in IC 27-8-11-1.

*As added by P.L.161-2001, SEC.4.*

## **IC 27-8-22.1-4**

### **"Worker's compensation policy" defined**

Sec. 4. As used in this chapter, "worker's compensation policy" means a policy of insurance issued to an employer under IC 22-3-2-5.

*As added by P.L.161-2001, SEC.4.*

## **IC 27-8-22.1-5**

### **Use of diagnostic or procedure codes**

Sec. 5. (a) Not more than ninety (90) days after the effective date of a diagnostic or procedure code described in this subsection:

- (1) an insurer shall begin using the most current version of the:
  - (A) current procedural terminology (CPT);
  - (B) international classification of diseases (ICD);
  - (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
  - (D) current dental terminology (CDT);
  - (E) Healthcare common procedure coding system (HCPCS);and
- (F) third party administrator (TPA);

codes under which the insurer pays claims for services provided under an accident and sickness insurance policy or a worker's compensation policy; and

- (2) a provider shall begin using the most current version of the:
- (A) current procedural terminology (CPT);
  - (B) international classification of diseases (ICD);
  - (C) American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM);
  - (D) current dental terminology (CDT);
  - (E) Healthcare common procedure coding system (HCPCS);
  - and
  - (F) third party administrator (TPA);

codes under which the provider submits claims for payment for services provided under an accident and sickness insurance policy or a worker's compensation policy.

(b) If a provider provides services that are covered under an accident and sickness insurance policy or a worker's compensation policy:

- (1) after the effective date of the most current version of a diagnostic or procedure code described in subsection (a); and
- (2) before the insurer begins using the most current version of the diagnostic or procedure code;

the insurer shall reimburse the provider under the version of the diagnostic or procedure code that was in effect on the date that the services were provided.

*As added by P.L.161-2001, SEC.4. Amended by P.L.66-2002, SEC.16.*